

ENVIRONMENTAL PROTECTION AGENCY
GENERATOR ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1981.

MOT300010345

07

GF

MCQUAY NORRIS INC
ATTN: CECIL ROBERT G PLANT MANA
2320 MARCONI AVE
ST LOUIS

MO 63110

GENERAL INSTRUCTIONS: If you received a preprinted label attached to the mailing envelope in which this form was enclosed, affix it in the space provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If the information is correct and complete, leave Sections I, II, and III below blank. If you did not receive a preprinted label, complete all sections. REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM. The information requested in this report is required by law (Section 3002 of the Resource Conservation Recovery Act).

Please print/type with elite type (12 characters per inch)

I. GENERATOR'S EPA I.D. NUMBER

T/A C

FMOT3000103451
1 2 13 14 15

II. NAME OF INSTALLATION

MCQUAY-NORRIS INC
30 69

III. INSTALLATION MAILING ADDRESS

2320 MARCONI AVE
15 16 45

Street or P.O. Box

ST LOUIS
15 16

City or Town

MO 63110
41 42 47 51
State Zip Code

IV. LOCATION OF INSTALLATION (if different than section III above)

5
15 16 45

Street or Route number

6
15 16 41 42 47 51

City or Town

State Zip Code

V. INSTALLATION CONTACT

2 THOMAS F MOORE
15 16 45

Name (last and first)

314-776-4800
46 55

Phone No. (area code & no.)

VI. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

ROBERT G CECIL OPERATIONS MANAGER

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

12-15-82



R00025221

RCRA Records Center

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd: _____ Rec'd by: _____

VII. GENERATOR'S EPA I.D. NO.

T/A C

MOT30001034511
1 2 13 14 15

IX. FACILITY'S EPA I.D. NO.

W10990829475
16 28

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

WASTE RESEARCH & RECLAMATION

X. FACILITY ADDRESS

ROUTE 7
EAU CLAIRE WI. 54701

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

McKESSON CHEMICAL MOD 084396985

XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
1	1	WASTE TRICHLOROETHYLENE	13	F001	9600	P
2	2					
3	3					
4	4					
5	5					
6	6					
7	7					
8	8					
9	9					
10	10					
11	11					
12	12					

XIII. COMMENTS (enter information by section number—see instructions)

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ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd: _____ Rec'd by: _____

VII. GENERATOR'S EPA I.D. NO.

GM 0 T 3 0 0 0 1 0 3 4 5 T/A C
 1 2 13 14 15

IX. FACILITY'S EPA I.D. NO.

FM 1 0 0 0 5 3 5 5 3 9 1
 16 28

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

NELSON INDUSTRIAL SERVICE, INC.

X. FACILITY ADDRESS

12345 SCHAEFER HIGHWAY
 DETROIT MI. 48227

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

#1 ENVIRONMENTAL EMERGENCY SERVICES MOD 000687418

#2 NELSON INDUSTRIAL SERVICES MID 005355391

XII. WASTE IDENTIFICATION

Sequence #	Line	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
32	1	WASTE SULFURIC ACID	02	D002	17.00	P
	2	WASTE CYANIDE SOLUTION	18	F009	47.0	P
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIII. COMMENTS (enter information by section number—see instructions)

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